SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58

Date Stamp (Received)

APPLICATION FOR PERMIT

Date: \$10-2-16 6

Washburn, WI 54891 (715) 373-6138	891	06		 	<u>``</u>
NSTRUCTIONS: No permits will b	e issued until all fees are paid.	Bayneld Co. Zoning Dept.		Refund:	
hecks are made payable to: Bayfield County Zoning Department. O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	IEID County coning Department				
TYPE OF PERMIT REQUESTED.	ED—≫ ⊠ LAND USE	SANITARY □ PRIVY □ Mailing Address:	CONDITIONAL USE City/State/Zip	SPECIAL USE BU.A BUR	⊒
LE.	NOA ANDERSON		St BALOWIN	W15 54002 715-684	ii: 127-2-483;
Address of Property: 500 HALL	ROAD	City/State/Zip:	W15. 5487.	3 715-	760-0616
Contractor: DAVID AND	ERSON	Contractor Phone: 715-684-242-2		Plumber Phone:	Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	ning Application on behalf of Owne		Agent Mailing Address (include City/State/Zip):	City/State/Zip): Written Authorization Attached □ Yes □ No	Authorization
PROJECT Legal	Legal Description: (Use Tax Statement)	PIN: (23 digits) 104- 004-2-45	-69-22-102	Record	erty Ownership
5	1/4 Gov't Lot	Vol & P	Lot(s) No.	Subdivi	
Section 33, T	, Township <u>√√</u> S N, Range	9 W Town of:	ARZES	Lot Size Acreage	~ " ∞ •
] si	Is Property/Land within 300 feet of River,	10	Distance Structure	is from Shoreline : Is Property in	Are Wetland
☐ Shoreland — ☐ Is F	roperty/Land within 1000 f	Pond or	Distance Structure	is from Shoreline :	□ Yes
▼ Non-Shoreland ▼ Non-Sho					
Value at Time of Completion * include donated time &	Project #	# of Stories and/or basement	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Wate
I I	i I	+ Loft	2	(New) Sanitary Specify Type:	
16.000.00	bldg)	2-Story		Privy (Pit) or Vaulted (min 200 gallon)	on)
Pro	Property	No Basement Foundation	□ Compo	Compost Toilet None	
Existing Structure: (if pe Proposed Construction:	Existing Structure: (If permit being applied for is relevant to Proposed Construction:	it) Length:	28' Width:	30 ' Height:	15'2"
Proposed Use		Proposed Structure	ure	Dimensions	Square Footage
	☐ Principal Struct ☐ Residence (i.e. o	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	1)	× >	
🗴 Residential Use		with Loft		((X X))	
	wit	with (2 nd) Porch			
	wit	with (2 nd) Deck	, and the state of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Commercial Use	1	Attached Ga]		
	_	sanitary, <u>or</u> i_l sleeping quarters, <u>or</u>	$rs, \underline{or} \square \text{ cooking } \alpha \text{ lood pieth lacilities}$	× ;	
	Addition/Alteration	Addition/Alteration (specify) 356A50W	ON POPCH	(h/x h/)	196
☐ Municipal Use		ing (specify)			
	☐ Accessory Build	Accessory Building Addition/Alteration (specify)	fy)	. ×	
	Special Use: (explain)	olain)		×	
-		: (explain)	erenendelen erenendelen erenendelen erenendelen erenendelen erenendelen erenendelen erenendelen erenendelen er	×××	
l (we) declare that this application	FAILURE TO OBTAIL finduding any accompanying inform	A PERMIT OF STARTING CONSTRUCTIO	N WITHOUT A PERMIT WILL RESULT	IN PENALTIES it is true, correct and complete. I (we) acknown	wledge that I (we)
am (are) responsible for the det may be a result of Bayfield Cou above described property at apy	ail and accuracy of all information I (we nry relying on this information I (we reasonable time for the purpose of it	dde 1 FI	d upon by Bayfield County in determining n. I (we) consent to county officials charg	ermit. I (we g county ord	ept liability wnich ave access to the
Owner(s):	more listed on the Dead All Or	more must sign or letter(s) of author	ization must accompany this appl	ication) Date	140

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Address to send permit

20071

BALOWIN

2115

54002

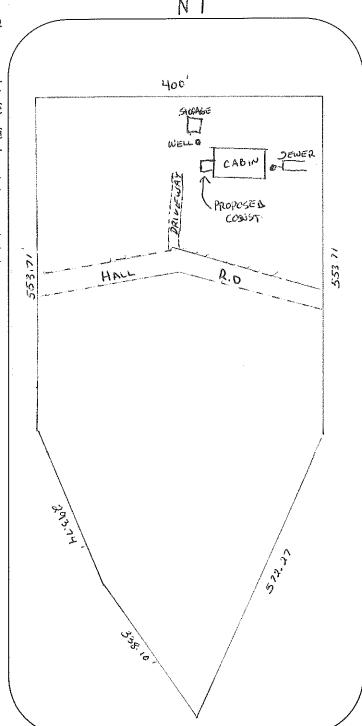
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

- Show:
- Show any (*): Show any (*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

		Feet	Setback to Privy (Portable, Composting)
		Feet	Setback to Drain Field
Feet	Setback to Well	Feet	Setback to Septic Tank or Holding Tank
Feet	Elevation of Floodplain	/05 Feet	Setback from the East Lot Line
☐ Yes ☐ No	20% Slope Area on property	λω Feet	Setback from the West Lot Line
Feet	Setback from Wetland	Feet	Setback from the South Lot Line
		///o Feet	Setback from the North Lot Line
Feet	Setback from the Bank or Bluff		
Feet	Setback from the River, Stream, Creek	8% Feet	Setback from the Established Right-of-Way
Feet	Setback from the Lake (ordinary high-water mark)	//5 Feet	Setback from the Centerline of Platted Road
Measurement	Description	Measurement	Description

Prior to the placement or construction of a structure within ten (10) feet of the minimum requother previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

		es:	Hold For Fees:		Hold For Affidavit:	Hold For TBA:	Hold	Hold For Sanitary:	
Date of Approval: 6 1-16	D						25	Signature of Inspector:	٦, ٦
							S	JOHN FOR FORMILL	
			ched.)	they need to be attac	? \Box Yes \Box Nd –(If No they need to be attached.)	Conditions Attached	nittee or Board	Condition(s): Town, Committee or Board Conditions Attached?	
te of Re-Inspection:	Date o				Inspected by:	in	5-17-16	Date of Inspection:	
Zoning District (デ/ Lakes Classification (ァム	Zoning				Borden.	reals may) protot	Inspection Record: Add Add Add Add Sorder.	_
	□ Yes	Represented by Owner Was Property Surveyed	es Represer Was Prop	Were Property Lines Represented by Owner Was Property Surveyed		Yes ONO	Was Parcel Legally Created sed Building Site Delineated	Was Parcel Legally Created Was Proposed Building Site Delineated	
	Case #:		/ Variance	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No			.A.) Case #:	Granted by Variance (B.O.A.	
Affidavit Required Yes No	Affidavi Affidavi	No	□ Yes	Mitigation Required Mitigation Attached	No oo oo oo	☐ Yes {Deed of Record} ☐ Yes {Fused/Contiguous Lot(s)} ☐ Yes ☐ Ye		Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	
	1			16	Permit Date: $6-3-1$	Pe	Ö	Permit #: 16-013C	
					Reason for Denial:	Re		Permit Denied (Date):	
Sanitary Date: 6/78	Sanita	oms:	# of bedrooms	15524	Sanitary Number: 165		n (County Ս։	Issuance Information (County Use Only)	

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Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT MAY 11 2016

Bayfield Co. Zoning Dept.

Date: Refund: Permit #: Amount Paid: 900 10-010g 63-16 63-6

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

⅓ Shoreland →		Section	1/4,	2	TO DE CO		Authorized Agent: (Perso	Contractor: S-&	Address of Property: Werness	Which Britan	Owner's Name:	TYPE OF PERMIT REQUESTED-
■ Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If veccontinue. If vec	☐ is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	, Township 45 N, Range	1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	Apple Comment of the		Authorized Agent: (Person Signing Application on behalf of Owner(s))		derness court	Britan		☐ LAND USE
ke, Pond or Flowage	er, Stream (incl. Intermittent)	- W Town of:	CSM Vol & Page	-60-21-20g	PIN: (23 digits)		Agent Phone:	Contractor Phone: 「 多のファイターフェルター	City/State/Zip:	858 7th WHE S.E	Mailing Address:	☐ SANITARY ☐ PRIVY ☐
Distance Structure is from Shoreline :	Distance Structure is from Shoreline :		Lot(s) No. Block(s) No.	000-7-15-09-07-4 00 377-0900			Agent Mailing Address (include City/State/Zip):	Plumber:		S.E Rochester, Mr. 55%4	City/State/Zip:	CONDITIONAL USE 3 SPECIAL USE
	jā j	Lot Size	Subdivision:	Volume	Recorded Docume		State/Zip):			M. 55%4		IAL USE B.O.A.
☐ Yes	Is Property in Are Wetlands Floodplain Zone? Present?	Acreage).//	Shahine add to Potac	Page(s)	Document: (i.e. Property Ownership)	□ Yes ∠ No	Written Authorization	Plumber Phone:	269-1265	Coll Phonon 570 7	Telephone:)A DOTHER

Existing Structure: (if per Proposed Construction:		The state of the s					かる	.		Value at Time of Completion * include donated time & material	□ Non-Shoreland
uction:	Existing Structure: (If permit being applied for is relevant to it)			Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	□ Addition/Alteration	▼ New Construction	Project	
	or is relevant to it)			□ Foundation	□ No Basement	☐ Basement	☐ 2-Story	1-Story + Loft	□ 1-Story	# of Stories and/or basement	- Comment
Length: 50	Length:							Year Round	□ Seasonal	Use	
					Mone None		3	2	_ 1	# of bedrooms	
Width: TO	Width:	A MARIE AND	₩ None	Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	[(New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary Syster is on the property?	
Height: / Divalls	Height:				ract)	ted (min 200 gallon)	y Type:	/ Type:		pe of ry System operty?	
3.5%				•				□ Well	□ City	Water	

If yes--continue

Distance Structure is from Shoreline : feet

Other: (explain)
Conditional Use: (explain)
Special Use: (explain)
Accessory Building Addition/Alteration (specify)
Accessory Building (specify)
Addition/Alteration (specify)
Mobile Home (manufactured date)
Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)
with Attached Garage
with (2 nd) Deck
with a Deck
with (2 nd) Porch
with a Porch
with Loft
Residence (i.e. cabin, hunting shack, etc.)
Principal Structure (first structure on property)
Proposed Structure

	Authorized Agent:	(If there are Multip	Owner(s):	above described propert	am (are) responsible for	I (we) declare that this ai
/If you are claning on h		le Owners listed on the D	Owner(s): Fatick British	above described property at any reasonable time for the purpose of inspection.	he detail and accuracy of all info	FAILURE
sabalf of the owner(c) a le		eed All Owners must sign	: +4 fin // 6	purpose of inspection.	ormation I (we) am (are) providing	TO OBTAIN A PERMIT or ST anying information) has been ex-
tter or authorization mu	1	or letter(s) of authorizat	AN C		ing and that it will be relied up	ARTING CONSTRUCTION V
If you are classing on behalf of the owner(s) a letter of authorization must accompany this application)		(if there are Multiple Owners listed on the Deed At Owners must sign or letter(s) of authorization must accompany this application)	899		am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which are likely applicable for the detail and accuracy of all information I (we) are faceby revision in a with faceby responsible for the detail and accuracy of all information I (we) are faceby revision in a with faceby revision in the fa	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and companying information) has been familied by me (us) and to the best of my (our) knowledge and belief it is true, correct and comp
	_ Date		Date 5		er to issue a permit. I (we) furti Vadministering county ordinanc	VALTIES ie, correct and complete. I (we)
			2-16		I (we) further accept liability which y ordinances to have access to the	plete. I (we) acknowledge that I (we

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Address to send permit

Inspection Record: Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Hold For Sanitary: Signature of Inspector: Sol Cowy 2 2 Condition(s):Town, Committee or Board Issuance Information (County Use Only) Setback from the **North** Lot Line Setback from the **South** Lot Line Setback from the **West** Lot Line Granted by Variance (B.O.A.) Permit Denied (Date): Setback to **Drain Field**Setback to **Privy** (Portable, Composting) Setback from the East Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback to Septic Tank or Holding Tank Was Parcel Legally Created Was Proposed Building Site Delineated or to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from a previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be Please complete (1) - (7) above (prior to continuing) of Inspection: placement or construction of a structure within ten (10) feet of the minimum required busive surveyed corner or marked by a licensed surveyor at the owner's expense. Wilderness Could Witer G-0138 (1)(2)(3)(4)(5)(6)(7) 8 (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Show any (*): Show any (*): Setbacks: (measured to the closest point) Show: Show: Show Location of: Show / Indicate: Show Location of (*): Draw or Sketch your Property (regardless of what you are applying for) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Ocal Town, Village, City, State or Federal agencies may also require permits. Should human 11714 Under Case #: Hold For TBA: □ Yes Propostor. Conditions mabitusou こ j∄Yes j∄Yes (Deed of Record) _____(Fused/Contiguous Lot(s)) Prise Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% □ □ No 80 Attached? Sanitary Number: Inspected by: Permit Date: Reason for Denial: Measurement S 0 Yes Hold For Affidavit: 0 No (If No they need to be attached.) ON O 6 6 6 Feet Feet Feet Feet Feet Feet M Com Z Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.)
□ Yes **万·No** Were Property Lines Represented by Owner
Was Property Surveyed Setback from Wetland
20% Slope Area on property
Elevation of Floodplain Setback from the River, Stream, Setback from the Bank or Bluff dary line from which the setback must be measured must be visible from Setback to Well Setback from the Lake (ordinary 0 5 5 7 Changes in plans must be approved by the Planning & Zoning Dept. Hold For Fees: # of bedrooms: □ Yes Description high-water mark) Case #: Affidavit Required Affidavit Attached Zoning District
Lakes Classification □ Yes ØYes Sanitary Date: Date of Re-Inspection: Date of Approval: Yes 3 Measurement □ Yes 51W 智 ner to the □ No No No Feet No Feet 퍝 Feet Feet

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